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(BPD)

OMB No.: 0938-

State/Territory: North Carolina

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Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT

Services (continued)

42 CFR 441.60

The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

42 CFR 440.240 and 440.250

(a)(10) Comparability of Services

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), and 1925(b)(4) of the Act

- Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

(iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

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State

itation 2 CFR Part 40, Subpart B 2 CFR 441.15 I-78-90 I-80-34	3.1(b)	Home health services are provided in accordance with the requirements of 42 CFR 441.15.		
		(1)	all	e health services are provided to categorically needy individuals rears of age or over.
		(2)	all	health services are provided to categorically needy individuals or 21 years of age.
			Ø	Yes
				Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.
		(3)	Home the	health services are provided to medically needy:
			X	Yes, to all
				Yes, to individuals age 21 or over; SNF services are provided
				Yes, to individuals under age 21; SNF services are provided
				No; SNF services are not provided
				Not applicable; the medically needy are not included under this plan

TN # 80 02 Supersedes TN #

Approval Date 3/12/80 Effective Date 1/1/80

Revision: HCFA-PM-93-8 (BPD)

\_\_ December 1993

State/Territory: North Carolina

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT 3.1-D</u>.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 94-03Supersedes Approval Date 4/21/94 Effective Date 1/1/94TN No. 92-01